Combined Declaration	ATTORNEY DOCKET 86682PAL											
As below named inventor, I hereby declare that:  My residence, post office address and citizenship are as stated below next to my name,  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:												
WAVE-GUIDED OPTICAL INDICATOR												
The specification of which (check only one item below):												
X is attached hereto.												
was filed as United States Application Serial No. on and was amended on (if applicable).												
was filed as PCT international application Number on and was amended on (if applicable).												
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.  I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title												
37, Code of Federal Regulations, §1.56.  I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-*d) or 365 (b) of any foreign application(s) for patent or inventor's												
certificate, or (365 (a) of any PCT international application(s) which designates at least one country other than the United States of America, listed below and have also identified below any foreign applications(s) for patent or inventor's certificate or any PCT international application(s) designating a least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:												
PRIOR FOREIGN/PCT APPLI			Y CLA		119:							
COUNTRY (# PCT, indicate PCT)	AF	PLICATION NUMBER		DATE OF FILING (month/dayyear)			PRIORITY CLAIMED UI	NDER 35 USC §119				
_				<del></del>			YES	NO				
							YES	NO				
I hereby claim the benefit under Title 35, United States Code, 119 §(e) of any United States provisional application(s) listed below:												
PRIOR PROVISIONAL APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §119 (e):												
PROVISIONAL AP	PLICATION NUMBER				FILING DATE (mor	ttl/day/year)						
I hereby claim the benefit under Title 35, United States Code, §120 of any prior United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior applications(s) in the manner provided by the first paragraph of Title 35, §112, I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:  PRIOR US APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S FOR BENEFIT UNDER												
35USC§120:	H PCI INTERN	ATIONAL APPL	LICATI	UNS DESIGNATING TH	E 0.5 FUR	BENEI	FIT UNDER	- 04				
U.S. APPLICATIONS				<del> </del>	STATUS (Check one)			ne)				
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PCT APPLICATIONS DESIGNATING THE U.S.												
PCT APPLICATION NO. PCT FILIT		IG DATE U.S. SERIAL NUMBER: ASSIGNED (if any)		J.S. SERIAL NUMBERS ASSIGNED (if any)								

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POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) associated with Eastman Kodak Company <u>Customer No. 01333</u> to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.											
Se	end Correspo	Patent L Eastmar 343 Stat Rochest	Paul A. Leipold 585-722-5023 FAX: 585-477-1148								
2	FULL NAME OF INVENTOR	FAMILY NAME Bourdelais		FIRST GIVEN NAME  Robert	SECOND GIVEN I	SECOND GIVEN NAME P.					
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0	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CIT	COUNTRY OF CITIZENSHIP					
6	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP COD	DE (COUNTRY)					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any parent ssued thereon.											
SIGNATURE OF INVENTOR 201  SIGNATURE  Chy				S J Bricky	signature of invent	Ven-L'Clen					
12/23/03 DATE 12/23/03 /2/24/03											
SIGNATURE OF INVENTOR 204			SIGNATURI	E OF INVENTOR 205	SIGNATURE OF INVENT	OR 206					